

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015481</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/15/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>ILLINOIS VETERANS HOME AT LASALLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1015 O'CONNOR AVENUE</b> <b>LA SALLE, IL 61301</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Final Observations</p> <p>Investigation of Complaint #1425524/IL73619.</p> <p>The Illinois Veteran's Home at Lasalle is in compliance with the Illinois Veteran's Home Code (77 Illinois Administrative Code 340) for this survey.</p>	S9999			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE